

BUSINESS CUSTOMER CREDIT APPLICATION

Name/Address					
Last:	First:	Middle Initial:	Title		
Company Name:			VAT Number		
Address:					
City:	State/Province:	ZIP/Postal Code:	Phone:		
Company Information					
Type of Business:		In Business Since:			
Legal Form Under Which Business Operates:					
State/Province/Country:		Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Other <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:		In Business Since:			
Name of Company Principal Responsible for Business Transactions:				Title:	
Address:	City:	State/Province:	ZIP:	Phone:	
Name of Company Principal Responsible for Accounts:				Title:	
Address:	City:	State/Province:	ZIP:	Phone:	
Bank References					
Institution Name:	Institution Name:	Institution Name:			
Checking Account #:	Savings Account #:	Loan Balance:			
Address:	Address:	Address:			
Contact Person :	Contact Person :	Contact Person :			
Phone:	Phone:	Phone:			
Email:	Email:	Email:			

Trade References		
COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:
Financial Information		
Company Total Assets :	Company Total Liabilities:	Amount of Credit Requested:
Annual Net Income:		
Have you or your officers or affiliates ever filed a petition in bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your company subject to any litigation? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, describe:		

We declare that the above information is true, correct and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all terms and conditions.

Company Name: _____

Authorized Signature: _____

Title: _____

Printed Name: _____

DOCUMENTS TO ATTACH:

- **CIPC Disclosure Certificate**
- **Directors ID**
- **Proof of Address**
- **VAT Registration Certificate**
- **Bank Confirmation Letter**